

Physician Excellence Committee Charter

Goals

To provide oversight for the policies, procedures and results of practitioner performance improvement as performed by the facility medical staff.

1. Improve patient outcomes by pursuing and maintaining excellence in practitioner performance on an individual and aggregate level
2. Create a culture with a positive approach to physician OPPE/ FPPE through assuring the use of consistent and fair processes
3. Promote efficient use of practitioner and quality staff resources
4. Assure accurate and timely performance data is available for physician feedback, Ongoing and Focused Professional Practice Evaluation and reappointment.
5. Support medical staff educational goals to improve patient care
6. Provide a link with the hospital performance improvement structure to assure responsiveness to system improvement opportunities identified by the medical staff

Scope

The PEC will be responsible for overseeing the accountability and effectiveness of the individual department review and for developing systematic approaches to evaluating and improving practitioner performance in the six Joint Commission/ACGME General Competencies as described the Ongoing/ Focused Professional Practice Evaluation Policy. The PEC will also act as a peer review committee for specific cases as described below.

Responsibilities

1. Case Review

- Recommend to Credentials and MEC general policies and procedures for department review performance of individual case review and external review.
- Review and approve department specific approaches for individual case review to assure they comply with general policies and regulatory requirements.
- Define standardized tools for case review to be used by all departments performing OPPE/FPPE.
- Provide oversight to assure all departments are conducting and reporting the results of OPPE on a systematic and timely basis.
- Review and approve specific review indicator criteria based on the recommendations of the department chairs.
- Perform review of cases referred to PEC for the following reasons:
 - Difficult or complex issues beyond the capabilities of the department
 - Substantial conflict of interest that would preclude effective department review
 - Potential need for external review

2. Aggregate Measures of Practitioner Performance

- Review and approve specific rule and rate indicators including benchmarks or targets based on the recommendations of the appropriate specialties.
- Recommend prospective evaluations of best practices and use of evidence based medicine to identify opportunities for improvement and the pursuit of excellence

- Assure regular review is performed of aggregated results of rule and rate indicators for patterns, trends and outlier status
Assure physician specific patterns and trends are addressed by the departments to improve either individual or aggregate practitioner performance

3. Improvement Opportunities

- Addressing improvement opportunities will be the role of the Department Chair /designee, the medical staff leaders, Credentials, and MEC. The role of PEC is to identify practitioner opportunities for improvement.

4. Performance Improvement System Management

- Define mechanisms for reporting the results of practitioner performance evaluation to Credentials Committee, MEC and the Board
- Develop overall strategies and policies for the use of electronic and risk adjusted data in practitioner performance evaluation
- In coordination with the Credentials Committee and MEC, define the appropriate content and format for practitioner performance feedback reports
- Determine support needed to implement and sustain the process and make recommendations to administration, Credentials and MEC accordingly.
- At least annually review the indicators, screening tools and referral systems for effectiveness and recommend changes to Credentials and MEC.

5. Oversight of Other Medical Staff Practitioner Performance Evaluation Committees

Although the vast majority of initial review of individual cases, along with rule and rate indicator results, will be performed by the departments, some medical staff departments or committees will continue to perform some of these functions either as a quality control mechanism or as a multi-disciplinary educational process. Such discussions will be considered part of the medical staff quality function and are protected from discovery as long as the appropriate policies and procedures of the PEC are followed. These departments or committees will refer to PEC any case meeting medical staff review indicator criteria for initiation of the case review process.

Membership

The PEC will be comprised of members appointed by the Chief of Medical Staff to create a balanced representation from the medical staff. The following are ex-officio members without vote: the CMO and the Director of Quality Management or his/her designee. Appointed members may serve an unlimited number of consecutive terms.

Unless otherwise appointed by the Chief of Medical Staff, the Vice President and Secretary of the Medical Staff will serve as co-chairs.

In addition to the above members, key clinical and administrative representatives may attend the PEC meetings by invitation only, as necessary, for case discussion.

Committee members will be expected to regularly attend all of the committee meetings over a twelve-month period to maintain membership (no designees allowed). Committee members will be expected to participate in appropriate educational programs provided by the Hospital or Medical Staff to increase their knowledge and skills in performing the Committee's responsibilities.

Meetings and Reporting

The PEC shall meet monthly or as designated by the Chairman of the Committee. The committee shall report its findings to the Credentials Committee for disposition and as appropriate, to the practitioner whose practice was reviewed. Written reports of its meetings shall be transmitted to the Credentials Committee; the minutes shall reflect the results of all evaluations performed and actions taken. A PEC activity summary will be forwarded to MEC and Board of Trustees at least quarterly. No changes can be made to the PEC charter and policies without approval of the Credentials Committee, MEC, and Board of Trustees.